

## How to file a petition for reconsideration

File a petition for reconsideration to appeal a decision by a workers' compensation judge.

The local office of the Workers' Compensation Appeals Board (WCAB) that issued the decision must get your petition within 20 days from the date the decision was issued. If the judge's decision was **mailed** to your residence in California, the local WCAB office must receive your petition within 25 days.

You'll find the date the decision was issued near the judge's signature.

The attached petition lists the five reasons for appealing a judge's decision. Strike out items that do not apply to your case. Be sure to cover every item in the decision you disagree with and include a full explanation. You may attach more sheets of paper if needed.

Complete both pages of the petition. Follow the attached sample. Be sure to sign and date the form. Please note there are three signature lines.

Send the original petition to the local WCAB office that issued the decision and copies to all parties. Keep a copy for your records.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

## DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

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**ANAHEIM, 92801-1162**

1661 N. Raymond Ave., Suite 202  
Information & Assistance Unit (714) 738-4038

**BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit (661) 395-2514

**EUREKA, 95501-0481**

100 "H" Street, Suite 202  
Information & Assistance Unit (707) 441-5723

**FRESNO, 93721-2280**

2550 Mariposa Street, Suite 4078  
Information & Assistance Unit (559) 445-5355

**GOLETA, 93117-3018**

6755 Hollister Avenue, Suite 100  
Information & Assistance Unit (805) 968-4158

**GROVER BEACH, 93433-2261**

1562 W. Grand Avenue  
Information & Assistance Unit (805) 481-3380

**LONG BEACH, 90802-4339**

300 Oceangate Streets, Suite 200  
Information & Assistance Unit (562) 590-5240

**LOS ANGELES, 90013-1105**

320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit (213) 576-7389

**MARINA DEL REY, CA 90292**

4720 Lincoln Blvd. 2<sup>nd</sup> floor  
Information & Assistance Unit (310) 482-3858

**OAKLAND, 94612-1402**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit (510) 622-2861

**OXNARD, 93030**

2220 East Gonzales Road, Suite 100  
Information & Assistance Unit (805) 485-3528

**POMONA, 91766-1601**

732 Corporate Center Drive  
Information & Assistance Unit (909) 623-8568

**REDDING, 96001-2796**

2115 Civic Center Drive, Suite 15  
Information & Assistance Unit (530) 225-2047

**RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit (951) 782-4347

**SACRAMENTO, 95825-2403**

2424 Arden Way, Suite 230  
Information & Assistance Unit (916) 263-2741

**SALINAS, 93906-2204**

1880 North Main Street, Suites 100 & 200  
Information & Assistance (831) 443-3058

**SAN BERNARDINO, 92401-1411**

464 West Fourth Street, Suite 239  
Information & Assistance Unit (909) 383-4522

**SAN DIEGO, 92108**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit (619) 767-2170

**SAN FRANCISCO, 94102-7002**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit (415) 703-5020

**SAN JOSE, 95113-1482**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit (408) 277-1292

**SANTA ANA, 92701-4070**

28 Civic Center Plaza, Suite 451  
Information & Assistance Unit (714) 558-4597

**SANTA ROSA, 95404-4760**

50 "D" Streets, Suite 420  
Information & Assistance Unit (707) 576-2452

**STOCKTON, 94202**

31 East Channel Street, Suite 344  
Information & Assistance Unit (209) 948-7980

**VAN NUYS, 91401-3373**

6150 Van Nuys Blvd., Suite 105  
Information & Assistance Unit (818) 901-5374

STATE OF CALIFORNIA  
 Department of Industrial Relations  
 Division of Workers' Compensation  
**WORKERS' COMPENSATION APPEALS BOARD**

<i>your name</i>	)	
	)	Case No. <i>your WCAB case number</i>
	)	
	Applicant,)	
vs.	)	
	)	<b>Petition for</b>
<i>your employer and insurance company</i>	)	<b>Reconsideration</b>
	)	
	Defendants)	

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A decision was filed in the above-entitled case on *date the judge's decision was issued*.

The *your name* is aggrieved by said decision and hereby petitions for reconsideration upon the following grounds: (strike out items not applicable)

1. By the order, decision or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

*Completely describe your disagreement with the judge's decision.*

*Be sure to include your reason(s) why the decision should be changed.*

WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had; and that decision be made to give petitioner all the benefits to which he is entitled under the Labor Code of the State of California, including the relief requested herein.

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
*your signature*  
Petitioner

STATE OF CALIFORNIA )  
 )  
 ) vs.  
County of *your county* )

I, the undersigned, say that I am your name

in the above-entitled action. I have read the foregoing petition for reconsideration and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe it to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on *date*, 19 *your city*, California.

your signature \_\_\_\_\_  
Petitioner

NOTE: If verification is by attorney or officer of a corporation it must comply with Section 446 Code of Civil Procedure.)

Copy mailed to: *List name and address of all parties involved in your case.*  
Date of Mailing: *Date mailed*

By: your signature  
(Signature)

) **Case No.**

*Applicant,)*

*Defendants* )

WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had; and that decision be made to give petitioner all the benefits to which he is entitled under the Labor Code of the State of California, including the relief requested herein.

Attorney for Petitioner		Petitioner
STATE OF CALIFORNIA	)	
	)	vs.
County of _____	)	

I, the undersigned, say that I am \_\_\_\_\_

in the above-entitled action. I have read the foregoing petition for reconsideration and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe it to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 19\_\_\_\_ at \_\_\_\_\_ California.

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Petitioner

NOTE: If verification is by attorney or officer of a corporation it must comply with Section 446 Code of Civil Procedure.)

Copy mailed to:  
Date of Mailing:

By: \_\_\_\_\_  
(Signature)